PCN:	PROJECT NAME:	PAGE _____ OF _____
CHANGE NUMBER:	**CHANGE EVALUATION**	DATE:

CHANGE TITLE:

1. IMPACT AREAS (Explain in Block 6):

☐ ASE ☐ GCEL ☐ Interfaces ☐ Documentation ☐ GSE ☐ Payloads

☐ Flight Operations ☐ Producibility ☐ Safety ☐ Quality ☐ Ground Operations ☐ Reliability

☐ Spares ☐ Software ☐ Maintainability ☐ Turnaround ☐ Test ☐ Facilities

☐ Performance ☐ Environment ☐ Other (Specify): _____

2. HARDWARE IMPACT:

          YES NO

Existing hardware rework required? ☐ ☐

Mod Kit required? ☐ ☐

3. SPECIFIC IMPACTS:

☐ Weight ☐ Memory

☐ Thermal ☐ Power

☐ Schedule ☐ Cost per flight

4. COST IMPACT (Excluding cost per flight):

FY- _____ Cost: _____

FY- _____ Cost: _____

FY- _____ Cost: _____

FY- _____ Cost: _____

Remainder: _____

Total Cost: _____

5. DESCRIPTION OF ACTIONS REQUIRED BY EVALUATOR IF CHANGE IS APPROVED. Identify required contract and/or document (Specs, ICDs, DWGs, etc.) changes by number. (Use page 2 if necessary):

6. RECOMMENDATION (Use page 2 if necessary):

☐ Acceptable as written

☐ Acceptable with changes (Describe changes below)

☐ Unacceptable (State reasons below)

☐ Not applicable to this office

7. EVALUATOR'S NAME:	MAIL CODE:	SIGNATURE:	PHONE:	DATE:

MSFC Form 516 (Rev. October 1992)

PDF

CHANGE EVALUATION
PREPARATION INSTRUCTIONS

PCN: Enter Program Control Number (PCN) from the ECR/ECP being evaluated.

Project Name: Enter the project name that the Engineering Change Request or Proposal is related to.

Change Number: Enter the number assigned to the Change Request or Proposal that is being evaluated.

Change Title: Enter the exact title recorded on the Change Request or Proposal being evaluated.

Block 1:   Impact Areas - Indicate the areas that may be affected by the implementation or the disapproval of the proposed change. In either case, an explanation must be given to justify the recommendation of the evaluator. Describe the specific impacts for each indicated area in Block 6.

                NOTE: Impact area acronyms are:
                ASE - Automatic Support Equipment
                GCEL - Ground Control Experiment Laboratory
                GSE - Ground Support Equipment
                The remaining items are self-explanatory

Block 2:   Hardware Impacts - This block must be completed to allow the Program/ Project to identify existing hardware affected by this change and the method of modification required.

Block 3:   Specific Impacts - This block must be completed to determine the mandatory nature of the change relative to available resources. Indicate the areas impacted by this change.

Block 4:   Cost Impact - Enter the cost of the proposed change per fiscal year.

Block 5:   Description of Actions Required By Evaluator If Change Is Approved - List other documentation affected by this change or other actions that will be required if the change is approved. This information is necessary to allow the appropriate control board to assign the proper actions needed to successfully implement the proposed change.

Block 6:   Recommendation - Enter the evaluator's recommended change disposition. Provide specific changes, rationale, or change impacts to support the recommendation.

NOTE: All Blocks require an entry. N/A should be entered when there is no application.

PCN:	PROJECT NAME:	PAGE _____ OF _____
CHANGE NUMBER:	**CHANGE EVALUATION (CONTINUED)**	DATE:

CHANGE EVALUATION (Continued): (Refer to item number and title block from page 1 of the Change Evaluation form.)